

Anxiety Challenges in School-Aged Children

UNIQUE CLASSROOM AND THERAPY STRATEGIES

Anxiety Basics

- Anxiety challenges are common and widespread in American Society.
- An internalizing condition, symptoms may not be obvious to the observer until impairments or more severe challenges present.
- Anxiety symptoms are an exaggeration of the protective neurological reactions of the human body.
- Anxiety may be episodic in nature.

Anxiety Markers in School

- Excess absences or tardiness.
- Frequent GI or vague musculoskeletal complaints.
- Regular visits to the nurses' office.
- Daily requests to call home or leave early due to illness.
- Significant time spent in the bathroom.

Typical vs. Pathological

- Is the distress level they are displaying age expected?
- Does the distress result in impairment?
- Is the distress displayed across one or more life domains?
- Are they worried about situations days and weeks prior to them occurring and impacting today's functioning?

Stereotypical Anxiety Markers

- Fearful of innocuous stimuli.
- The student may appear overly quiet or reserved in class.
- Failure to raise hand or volunteer in class (especially when they have previously).
- Episodic stuttering or challenges with word finding.
- Tearfulness or sadness over making simple errors.

Atypical Anxiety Markers

- Overly hyper or easily over-aroused in class.
- Irritable or angry reactions when immediate desires are unmet.
- The student may blurt, or act out of character when called on or asked to speak in front of others.
- Intolerance for changes in daily patterns/schedules.

Anxiety Masquerade

- Externalizing presentation in boys is often interpreted as naughty or disruptive..
- Adults tend to generalize these behaviors as willful and controlling.
- Harsh consequences and angry responses from teachers may result in worsening behavior.
- Those who do not appear overtly distressed may not be identified or served rapidly

General Markers

- Changes in eating habits.
- Need frequent reassurance.
- Changes in school and social performance.
- ** Changes and problems may be limited to single environment in some cases**
 - Resulting in only parents or teachers seeing symptoms.

Common Diagnoses
Confused with Anxiety

**Oppositional Defiant
Disorder**

ADHD

Depression

Learning Disabilities

**Medical Diagnoses/GI
Complaints**

Academic Impact

- Anxiety reduces access to prior learning.
- Fight or Flight simplifies brain focus to survival or overlearned information.
- Social skills presentation may be very limited.
- Ability to focus, attend, and respond to expected stimuli may be limited.

Long Term Considerations

- The presence of longstanding untreated anxiety increases the risk for depression.
- Avoidance or escape from academic tasks and school attendance increases risks of drop out and longer standing learning deficits.
- Older students will be at elevated risk for self-medication and risky behavior associated with drugs and alcohol.

Accordion Brain Syndrome



Fully Open Accordion accesses all prior learning and knowledge

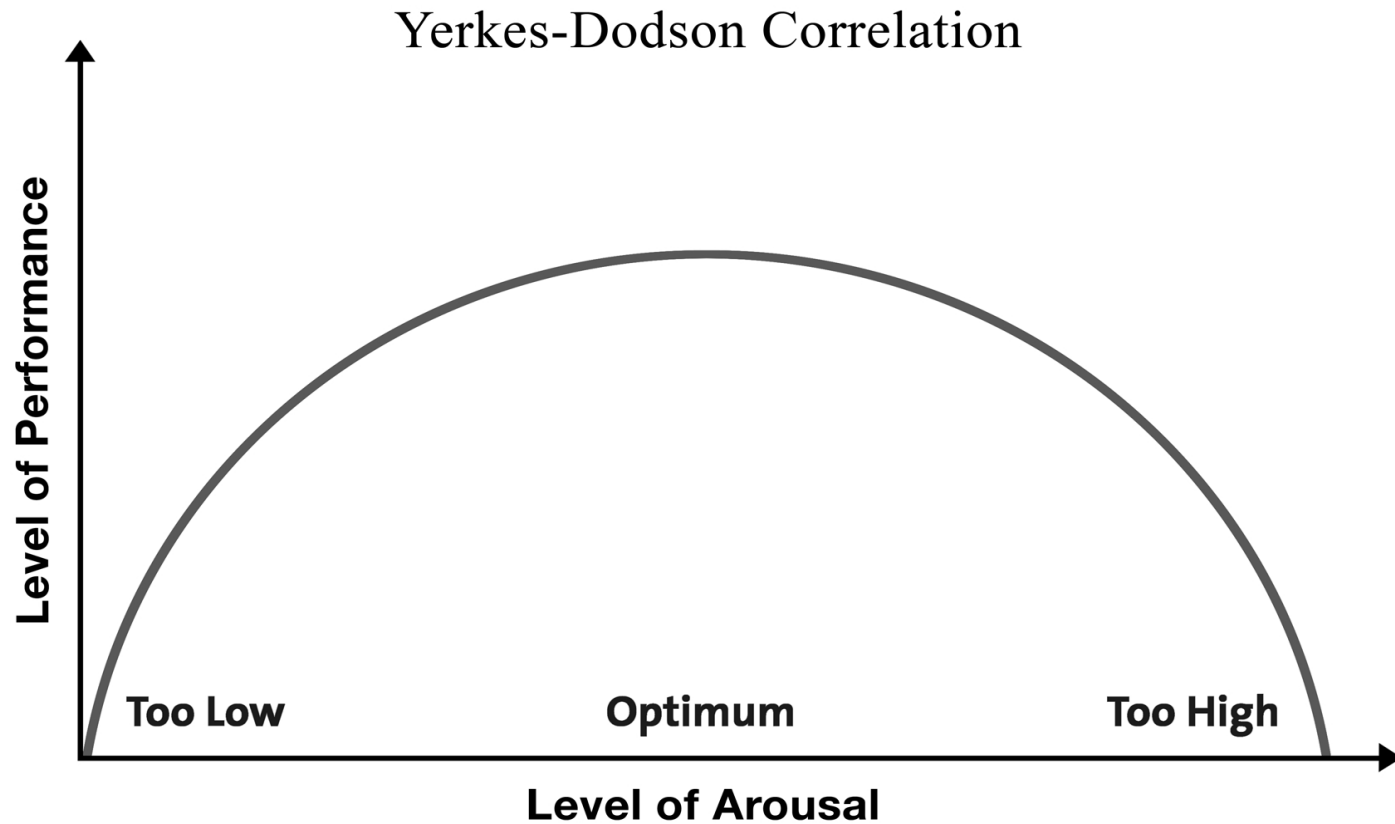
Accordion Brain Syndrome



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**Closed Accordion is restricted to fight or flight
subtracting 50 IQ Points**

Anxiety can be useful to a point.



Adapted from Yerkes & Dodson.(1908)

Anxiety can be useful to a point.

- Activation of the brain via stress sharpens our responses and prepares us to respond rapidly.
- Each person has a threshold that determines their “tipping point” where the brain ceases to function properly.
- Children pre-disposed to anxiety will interpret their arousal levels as rapid evidence of panic and failure.
- Expectancies and prior negative memories result in a downward functional spiral.

Parasympathetic Controls

- Humans are the only animals who can directly impact the responses of the autonomic nervous system to “Re-Open the Brain.”
- The intellect of the person prior to the perceived stressor can be accessed again if appropriate methods are used to manage the body responses.
- Conscious engagement in relaxation or physiologically incompatible responses turns the autonomic system off.

Stealing Back the Brain!

- When presented with tasks a child responds with an automatic and visceral reaction to the experience.
- Prior experiences and failures may propel the brain into anxiety.
- Lack of knowledge or how to “initiate” tasks may also result in physical agitation and resulting behaviors.
- Understanding of the child’s continuum of responding is crucial in differentiating refusals and avoidance.

Common Screening Tools

- SDQ: Strengths and Difficulties Questionnaire. Free, Accessible in many languages online. A general screening tool.
- SCARED: Self Report Anxiety Scale (children 8+).
- Spence Children's Anxiety Scale (Ages 2.5-12).
- Many other informal scales without relevant data to support their use.

Pitfalls of Overstepping



Screening

- Completion of formal evaluation scales requires “informed consent.”
- Informal use of questions from self-report and other measures may provide helpful information to guide the parents of the child to supports/services.
- Screening must be done with care to avoid parents experiencing the overwhelming impact of aggressive providers.

Screening

- Embedded questions in daily check in with student best supports discussions with parents and older kids.
- Situational factors and stressors play a HUGE role in determining why anxiety may present over a short period. (Holmes-Rahe Scale).
- Children seeking attention may make up stressors to keep interactions alive.
- Cultural considerations are important and require thought.

Screening

- Discussions with parents must also screen for parental openness to treatment and emotional factors.
- No symptoms exist in a vacuum. Situations and circumstances could result in symptoms and functional challenges.

Examples of Screening Style Discussion Tweaks

- What is your favorite thing to do when you aren't in school?
- Who do you do that activity with typically?
- Have you been feeling sick or uncomfortable in your belly or body more than usual lately?
- Is anyone in your house sick or struggling with their health lately?

Examples of Screening Style Discussion Tweaks

- Tell me about something good that happened today.
- Any new and exciting changes going on in your life?
- Have there been any changes to who is living in your home or how people are getting along?
- Is there anything happening in your life that is scary for you right now?
- Is your home any louder or quieter than usual lately?

Screening Thoughts

- Anhedonia: Screening for their engagement in fun and preferred tasks with some enthusiasm.
- Sleep/Rest: Assessing sleep length, quality, location, and perceptions. Sleep perceptions are notoriously poor, so be careful!!!
- Body Sensations: Any increases in belly, head, or general body discomfort lately. If so, looking at precursors/predictors.

Differences in Anxiety Presentation by Age Younger Children

- Anxiety symptoms must be understood based upon developmental appropriateness.
- A 3 year old struggling to separate from a parent at daycare is fairly typical, while a 9 year old is less so.
- Difficulty separating is more likely for young children at the start of the school year, or after some major life changes.
- Unwilling to explore, passive, or shy children are more likely exhibiting worry/anxiety.

Differences in Anxiety Presentation by Age Younger Children

- They are far less likely to be aware of their anxiety initially.
- Young children may be reactive and lead with their behavior.
- When asked “what is wrong,” young children will often tell you “I don’t know.”
- Previously confident or adventurous children who become suddenly cautious or fearful.

Differences in Anxiety Presentation by Age

Younger Children

- Young children often perceive their lack of knowledge and experience with nervousness and anxiety.
- Parental care, authoritative instruction, and a focus upon safety can reduce the potential anxiety in a child not pre-disposed to worry.
- Unstable homes, frequent moves, parental separations, and other instability is associated with worse anxiety potentials (across the age range).

Differences in Anxiety Presentation by Age

Younger Children

- Young children who are aware of age inappropriate adult situations, watch the news, etc., are more likely to be anxious than their older siblings
- Young children are less likely to have the skills to articulate their own experiences and feelings.
- Children with older siblings may be more likely to seek out their support than adults in homes with absent or less engaged parents.

Differences in Anxiety Presentation by Age: Older Children

- Older children may be more “adultified” in their responses.
- If they are highly independent or forcibly on their own more, they are likely to deny or downplay stressors.
- If sharing of feelings is not consistent with family culture, then verbalizations will not be as obvious.

Differences in Anxiety Presentation by Age: Older Children

- Children who are “defended” or not willing to admit to challenges may present as oppositional or obnoxious.
- Anxious children seek control. Acting out and getting removed is a form of control.
- Denials may occur to protect parents or family from potential DHS engagement.

Differences in Anxiety Presentation by Age: Older Children

- Fears of removal from homes may restrict conversation with providers.
- Fear of weather, natural disaster, or terrorism may be present.
- Students who begin to over interpret daily demands as unmanageable and refuse/avoid tasks regardless of their known skill levels.

Re-integration Plans that Work

A plan for return to school should include specific action steps (hierarchy) and skills development to manage exposure.

Provision of a description of the skills, terminology, and means to practice skills are crucial for successful school return.

The child must have scheduled practice times for skills each day away from the specific stressor (fire drill without the fire).

People, Places, and Things

- Clinicians should be sharing the specific known triggers that the child is aware of that leads to anxiety.
- Any successful plan will provide a child specific places to go in times of stress (ideally the first option is to remain in the classroom).
- Things that the child does for self-calming and anxiety management must be practiced with frequency to overcome the accordion brain process.

Best Accommodations for Anxiety

- Early/Late Entry into building.
- Alternative Routes/Private Entry.
- Backwards chaining of day from low stress to higher stress exposures.
- Planned seating and protection of locations for student.

Anxiety Interventions for School

Create clear and predictable schedules.

Practice self-calming strategies during the day in advance of stressful situations.

Scheduled breaks from activities. (Silent Cue Cards)

Covering portions of tests to reduce sensory field from anxious response.

Use of sensory tools.

Yoga, Movement, and Exercise

Body care is a large factor in regulation of our chemistry.

Yoga, meditation, and other movement exercises are excellent for calming and resetting daily stress levels.

Intense exercise can quell the body's response to stress and provide a less extreme variability between calm and scared.

Exercise

- Regulation of the body via regular exercise has been shown to improve cognitive functioning and daily intellectual task engagement.
- Exercise leads to increases in endorphins which regulate pain, pleasure, and mood. (30 min 4x/week).
- Collateral positive impact on focus and attention.
- Activities that are relatively intense and focus upon balance, timing, sequencing, evaluating consequences, switching, error correction, motor adjustments may assist with greater functional impact.
- Recess

Green Time vs. Screen Time

Time outside in natural light and air .

Present video game play and time in front of screens reinforces the short attention span and is designed to maintain short focus.

Engagement of outdoor activities alters the sensory and attentional environment to reduce fatigue from seated tasks.

Walk dog, walk to a friend's house, playing a game outside aids in reducing the overall inhibitory structure of the setting.

Transitions

Be aware of the sensory flow of the day. (Gym vs. Library for example).

Decrease movement stressors (leave early, arrive late, take a different route).

Give your students choices of where to sit and protect their spot.

Psychological Treatment Recommendations

- Create a resource list of clinicians that provide direct behavioral or cognitive behavioral therapy in your areas.
- Provide parents with information supporting clinical interventions that focus upon rapid and planned returns to school.
- Tutorial supports may serve as a “bridge” to keep children engaged in educational tasks until they can return to a full academic day.

Interview Questions for Clinicians

- What type of interventions are you using to help this child return to school?
- What specific exposure activities is the child engaging in at this time?
- If the child isn't engaging in direct exposure in therapy, who is rehearsing skills with them between sessions?
- What skills is the child using to regulate his body's reaction to stress/anxiety.
- What is your time frame to begin the child returning to school?

Interventions for Anxiety in School

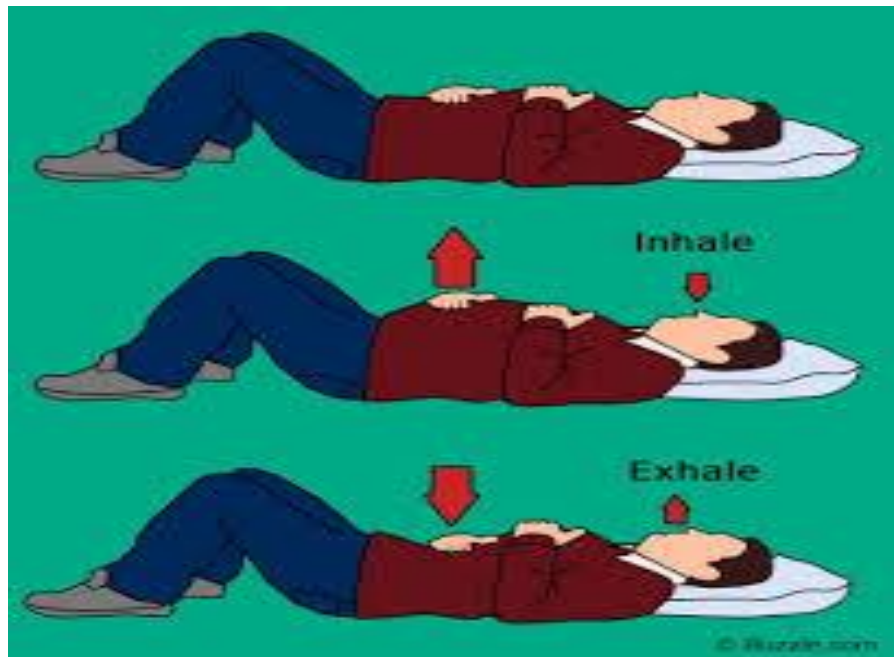
- Sensory Diet and physiological measures.
- Social Stories
- Power Cards
- Pre-teaching/rehearsal
- Problem Solving Cards

SOCIAL STORIES FOR STRESS RELIEF

- Pre-teaching and rehearsal act to desensitize the individual to anticipatory stressors.
- Social Stories are the internal voice of the individual designed to counteract anxiety and negative self talk.
- Social Stories can assist in organization of one's approach to a task or situation in advance of being exposed to the actual task.

PICTURE STORIES

I can Breathe and Relax!!!!



SOCIAL STORIES

This year at school I am going to be in Resource Language Arts with Mrs. O. again. I don't like being in her class because it reminds me of being in her class last year. The feeling of being in her class bothers me very much and is hard for me to forget, but that is ok. I am in the mainstream for all of my classes except Language Arts and this is a great improvement. Mrs. O's Language Arts class is a resource room class and not a class for "mental" kids. I will try to learn to accept this even though I know it is hard to do. It is hard to be in this class, but this is ok. If I work hard and get better at this subject I will be able to take that class in the mainstream in the future. Next year I will be in High School and will not have Mrs. O for Language Arts.

POWER CARDS

Power Cards (E. Gagnon, 2001): Visually driven social story style cards for pre-teaching.

Visual learners and developmentally young clients may prefer these strategies.

Similar approach to Social Stories, but with less immediate language demands.

POWER CARDS

Staying Calm Breathe Deep

Sit Up Straight
Breathe from your Stomach
Repeat

You can do Anything!!!
Relaxed is Best
Get your 50 pts BACK

POWER CARDS



WHAT WOULD BELLE DO?



POWER CARDS

Be Calm

Belle is tough.

Belle is strong.

**When Belle needs to concentrate
she takes deep breaths.**

I am Belle!



PROBLEM SOLVING CARDS

Problem solving cards provide instructions for task completion.

Open book test style information for school, social situations, or daily conflicts.

Storage on a key ring with carabineer can be preferable to carrying books or other cumbersome tools.

Math formulas, directions to the library, test taking steps, strategies for organizing written work, etc.

PROBLEM SOLVING CARDS



Dietary Considerations

Reduce caffeine use.

Eliminate or reduce alcohol use.

Eliminate drug use.

Reduce meal sizes.

Predetermined Seating



SELF AWARENESS AS INTERVENTION

Create Thermometer/Speedometer for self rating.

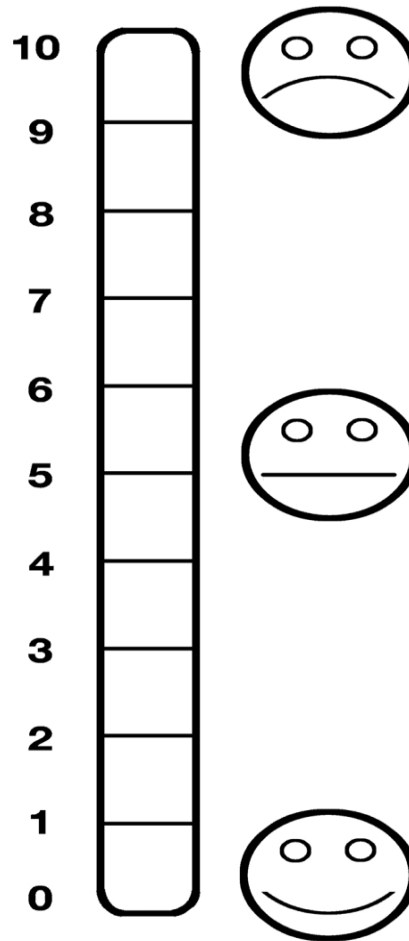
Classroom-wide activity with personalization.

Teacher created version is used to model self-awareness and skills use.

Posting on each desk permits teacher to cue silently in class activities.

Fear Thermometer

Feels the Worst/Very Scary



Feels the Best/Not Scary at All

RESOURCES

SCARED:

<http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child.pdf>

General Screening Tools:

<http://www.adaa.org/living-with-anxiety/ask-and-learn/screenings/screening-anxiety-disorder-children>

SDQ: Self-report for only 11-17. Otherwise needs adult to fill it out.

[http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz\(USA\)](http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(USA))

Holmes Rahe Stress Scale:

<http://stress.org/wp-content/uploads/2011/11/Holmes-Rahe-Stress-Inventory.jpg>